

Attorney Docket No.: HSJ920030148US1



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

bearing Fi	eruly that this tr rst Class Posta	ge and addressed to the	Commissioner for Patent	s P.O. Box 1450, Alexandria, \	VA 22313-1450, on the below date of		
Date of Deposit:	03/22/2005	Name of Person Making the Deposit:	Kristel Lang	Signature of the Person Making the Deposit:	Phintella		
	oplication o	f: BAUMGART et a	al.				
Application No.: 10/691,752			Examiner: Mercedes, D.E.				
Filed: 10/22/2003			Art Unit: 2651				
Confirm	nation No.:	7757					
		ECORDING DISK RFACE FOR WEAR			DELECTRIC POTENTIAL AT THE		
	ssioner for ox 1450	Patents					
	dria, VA 2	2313-1450	AMENDMENT	TRANSMITTAL			
4	Transmitte	d harawith is an a			•		
1.	rransmille	d herewith is an a	menament for this	аррисацоп			
******	ansmitted h	-	nse to an office a	ction for the above ide	entified patent application.		
X Tra	ansmitted h		sheets of subs 30.00	stitute formal drawings	i.		
2.	Applicant is other than a small entity						
			Extension	of Term			
3. apply.	· · · · · · · · · · · · · · · · · · ·						
(a)	[] Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)						
		Extension		Fee			
		[] one mont		\$120.00 \$450.00			
		[] three mor	nths	\$1,020.00			
		[] four mont	hs	\$1,590.00			
				Fee \$			
If an ac	Iditional ext	tension of time is r	equired, please co	onsider this a petition	therefor.		

1 of 2

Attorney Docket No.: HSJ920030148US1

(b) [X] Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

Fee Calculation

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(for other than a small entity)						
Fee Items	Claims Remaining After Amendment	Highest Number of Claims Previously Paid For	Present Extra Claims	Fee Rate	Total	
Total Claims	22	- 22 =	0	x \$50.00	\$0.00	
Independent Claims	3	- 3 =	0	x \$200.00	\$0.00	
Multiple Dependent Claim Fee (one or more, first added by this \$360.00 \$0 amendment)						
Total Fees						

PAYMENT OF FEES

- 5. The full fee due in connection with this communication is provided as follows:
- [X] The Commissioner is hereby authorized to charge any additional fees associated with this communication or credit any overpayment to Deposit Account No.: 50-2587.

 A duplicate copy of this authorization is enclosed.
- [X] Charge any fees required or credit any overpayments associated with this filing to Deposit Account No.: 50-2587.

Please direct all correspondence concerning the above-identified application to the following address:

WAGNER, MURABITO & HAO LLP

Two North Market Street, Third Floor San Jose, California 95113 (408) 938-9060 Customer No: 45552

Respectfully submitted,

Date:	3/22/05	By:
		John P. Wagner Jr.
		Reg. No. 35,398